



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Medicaid Providers

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/5/18

SUBJECT: Virginia Medicaid Expansion

On June 7, 2018, Governor Northam signed the new state budget that will expand eligibility under Medicaid for up to 400,000 adult Virginians who have not been eligible for Medicaid in the past. Medicaid expansion coverage will begin on January 1, 2019, and will be administered through the Department's current delivery systems, including fee-for-service, and the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs. DMAS has also received the necessary approvals from the Centers for Medicare and Medicaid Services (CMS) to expand this coverage. The following status update is to advise providers and interested stakeholders about the Medicaid expansion benefit. As updates are made available, they will be posted on the DMAS website, <http://www.dmas.virginia.gov/#/medex>. Information for members, including when, where, and how to apply, may be obtained on the Cover Virginia website at <http://www.coverva.org/>.

Medicaid Expansion Populations and Eligibility

In State Fiscal Year (SFY) 2017, Medicaid served over 1.6 million Virginians. Currently, Medicaid provides full-benefit coverage for the certain coverage groups, including children up to 200 percent of the Federal Poverty Level (FPL), pregnant women up to 205 percent of the FPL, individuals with disabilities up to 80 percent FPL, and parents and caregivers (of Medicaid eligible individuals) up to 33 percent FPL. Populations currently eligible for full-benefit Medicaid are shown in the gray shaded bars in Figure 1.

Medicaid expansion will provide full-benefit coverage for eligible individuals, including adults ages 19 – 64, who are not Medicare eligible, who have income at or below 138 percent FPL, and who are not already eligible for a mandatory coverage group. Adults in the Medicaid expansion group are shown in the green shaded bars in Figure 1. Eligibility determination will follow the Modified Adjusted Gross Income (MAGI) rules.

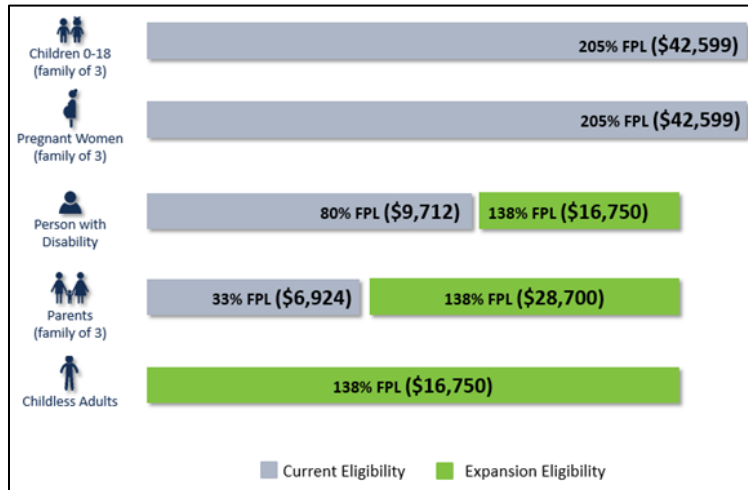


Figure 1

Individuals will be able to apply for Medicaid coverage through the Cover Virginia call center at 1-855-242-8282), local Departments of Social Services, Common Help (commonhelp.virginia.gov) and through the Federal market place (healthcare.gov). DMAS also worked collaboratively with the Virginia Department of Social Services to develop strategies for quickly enrolling expansion-eligible populations. For example, two populations who are currently eligible in Medicaid limited benefits programs (Governor's Access Plan and Plan First under 138 percent FPL) will be auto-enrolled in full Medicaid coverage beginning January 1, 2019. These populations have been sent a notice by mail informing them that they are eligible for full Medicaid coverage on January 1, 2019. Potentially eligible populations, such as Supplemental Nutrition Assistance Program (SNAP) recipients and parents of Medicaid- enrolled children, were also notified by mail, in a yellow envelope, that they may be Medicaid eligible. These potentially eligible populations were also sent an "express" or shortened Medicaid application with instructions to quickly respond back to Cover Virginia, no later than January 4, 2019. Figure 2 provides a summary of these streamlined enrollment mailings.

Summary of Streamlined Enrollment Letters			
Group	Letter	Action Needed to Expedite Enrollment	
GAP Members		Auto-Transition to Full Benefit Medicaid	No action needed to enroll in full Medicaid benefits
Plan First Members		Auto-Transition to Full Benefit Medicaid	No action needed to enroll in full Medicaid benefits
SNAP Beneficiaries		Submit Express Application	Submit Express Application (via phone or mail) by 01/04/19 for expedited enrollment
Parents of Enrolled Children		Submit Express Application	Submit Express Application (via phone or mail) by 01/04/19 for expedited enrollment
Marketplace Plan Member		Notice from HealthCare.gov	Log into your healthcare.gov account, then update and submit your 2019 application between Nov. 1 and Dec. 15

Figure 2

Additional details, including where, when, and how individuals can apply, is posted on the Cover Virginia website at <http://www.coverva.org/> and the DMAS website at: <http://www.dmas.virginia.gov/#/medex>.

Medicaid Expansion Covered Services

The Medicaid expansion benefit plan includes all services currently covered by Medicaid for existing full-benefit eligible populations as well as evidenced-based, federally required adult preventive care and disease management programs. Coverage includes, but is not limited to, all of the following services:

- Doctor, hospital and emergency services, including primary and specialty care
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling.
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including addiction and recovery treatment services
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Non-emergency transportation to Medicaid-covered services, when not otherwise available
- Limited dental benefits: dental services for adults age 21 and over are limited to medically necessary emergency treatments. Dental coverage through the *Smiles for Children* program, including comprehensive dental services to individuals through age 20 and comprehensive services, except orthodontics, to pregnant women.
- [Early and periodic screening, diagnostic and treatment](#) (EPSDT) coverage rules apply for individuals under age 21.
- Managed care enrolled individuals may have additional benefits offered by their managed care health plan above those normally covered by Medicaid. These “added benefits” include services such as, vision and routine dental services. They will receive information about these “added benefits” by mail. DMAS contracts with an enrollment broker (Maximus) that will maintain information about managed care health plan “added benefits” on the Maximus websites for the Medallion 4.0 and Commonwealth Coordinated Care (CCC Plus) managed care programs. The *Managed Care Enrollment Broker* section below provides contact information for Maximus by program (CCC Plus and Medallion 4.0).

Medicaid Expansion Delivery Systems

Coverage for Medicaid expansion individuals will be provided through the DMAS managed care delivery systems after a brief fee-for-service transition period. The majority of individuals will be enrolled in one of the DMAS managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus).

Medallion 4.0 and CCC Plus managed care programs contract with the same six managed care organizations (MCOs), and all MCOs offer coverage statewide (See Attachment 1-Page 8 of this Memo for a listing of the MCOs and related contact information). Both CCC Plus and Medallion 4.0 programs provide services that help keep people healthy, as well as services that focus on improving health outcomes. The CCC Plus program provides a higher acuity of care coordination services and will serve as the delivery system that provides coverage for expansion individuals who are determined to be “medically complex.” Medallion 4.0 will serve as the delivery system for expansion individuals other than those determined to be medically complex.

“Medically complex” is defined as a serious and/or complex medical and behavioral health condition that impairs the individual’s ability to perform everyday things, such as activities of daily living. The medically complex category also includes individuals who require long-term services and supports. Individuals applying for coverage will be asked about the level of their health needs when they apply for Medicaid. The question on the Medicaid application asks if the individuals need assistance with everyday things like bathing dressing, walking or using the bathroom to live safely in their home or if they have a physical disability or long-term disease, mental or emotional illness or addiction problem. If individuals check “yes,” they will be enrolled in the CCC Plus managed care program. In addition, MCOs will conduct a member health screening on all Medicaid expansion individuals to identify members who meet medically complex criteria and to obtain social determinants of health information. Individuals who are determined to be medically complex will be enrolled in the CCC Plus managed care program.

The fee-for-service program will serve as the delivery system for the populations awaiting managed care enrollment, as well as any populations and services that are not included in managed care. Populations not in managed care include persons with hospital presumptive eligibility and Department of Corrections cases. Individuals who have been determined to be Medicaid eligible prior to December 18, 2018, may be enrolled directly in managed care effective January 1, 2019. Determinations made after December 2018 will still receive care, but through fee-for-service for 15 to 45 days, then transition to the MCO.

Following the initial program launch on January 1, 2019, individuals awaiting managed care enrollment will receive coverage through fee-for-service for a brief period (approximately 15-45 days) until they are enrolled in managed care. Some services for managed care individuals are covered through fee-for-service; these are referred to as carved-out services, and the managed care carved-out services are the same for both expansion and non-expansion populations. Examples of carved-out services include, but are not limited to, limited dental benefits covered through DentaQuest, school health services, and Developmental Disability (DD) Waiver services. Detailed information about managed care-excluded populations and carved out services for Medallion 4.0 and CCC Plus is available on the DMAS website at <http://www.dmas.virginia.gov> under managed care benefits.

Once enrolled in managed care, members will have up to 90 days to change their plan for any reason. Members will also have the ability to change their plan during annual open enrollment. For the expansion population, open enrollment is from November 1st through December 31st each year.

If you are already contracted with the DMAS managed care plans, you will be able to serve Medicaid expansion members. If you are interested in contracting with the plans, contact the MCO directly. MCO contracting and credentialing contact information is provided in Attachment 1 of this Memo (Page 8). Additional expansion related information is provided in

the *Medicaid Expansion Toolkit for Providers*, available on the DMAS website at:
[http://www.dmas.virginia.gov/files/links/1801/Provider%20Toolkit%20\(10.25.2018\).pdf](http://www.dmas.virginia.gov/files/links/1801/Provider%20Toolkit%20(10.25.2018).pdf).

To enroll as a Medicaid fee-for-service provider, please contact DMAS at (888-829-5373 (in-state) or 804-270-5105 (out-of-state)).

Managed Care Enrollment Broker (To Select/Change Health Plans)

DMAS contracts with an enrollment broker, Maximus, which provides information to help members select or change health plans. Members can find out which health plans contract with their primary care provider (PCP) or other provider. Providers should also let their members know which Medicaid health plans they accept. Members may use the following Maximus contact information for the Medallion 4.0 and CCC Plus managed care programs.

- **Medallion 4.0**

Maximus has designed a mobile app for managed care enrollment for the Medallion 4.0 program. The app is available to download (as of December 1, 2018) in the Apple App Store and Google Play for both iPhone and Android users.

To get the free mobile app, search for Virginia Managed Care on the Apple App Store or Google Play and download. After downloading the app, members will log in using a two-step identification process, Medicaid ID, and social security number, or social security number and date of birth; non-members can log-in as guests.

Similar to the website, the main capabilities of the app allow members to view their profile, compare health plans, enroll in a health plan, change health plans, and search for providers and health plan information. For more information, members can also visit the Medallion 4.0 enrollment website at: <https://virginiamanagedcare.com/> or call 1-800-643-2273 or TTY: 1-800-817-6608.

- **CCC Plus**

Members can visit the enrollment website for the CCC Plus managed care program at <https://cccplusva.com/> to view the health plan comparison chart and to choose or change their health plan. Members can also call the CCC Plus Helpline at 1-834-374-9159 or TTY 1-800-817-6608 for more information.

Future Medicaid Initiatives - Virginia COMPASS Program

The 2018 Appropriations Act creates a framework for expanding adult coverage as well as making additional changes to our Medicaid program. New adult coverage will be available for adults with incomes at or below 138 percent of the federal poverty limit beginning January 1, 2019. There are additional Medicaid initiatives outlined in the 2018 Appropriations Act that will be implemented in the future. These additional requirements are under development. DMAS will seek authority to implement these programs from CMS via an 1115 Demonstration Waiver, known as Virginia COMPASS (Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency). Additional information on the Virginia COMPASS Waiver is available at <http://www.dmas.virginia.gov/#/1115waiver>.

For More Information on Medicaid Expansion

Individuals can receive regular updates on the new health coverage for Virginia adults by visiting the coverva.org website and signing up through the pop-up web overlay. They will be asked whether they are interested in coverage for themselves or someone they know, or whether they are advocates who assist others with enrollment. They will also be asked whether they would like to receive updates in English or Spanish. Finally, they will be asked whether they prefer to receive updates via email or text. Individuals can also sign up at the official agency website, dmas.virginia.gov for updates on the new health coverage, as well as information about Virginia Medicaid's managed care programs. Additional information on Medicaid expansion, including when, where, and how to apply, may be obtained on the Cover Virginia website at <http://www.coverva.org/>. Information for providers and other interested stakeholders is available at: <http://www.dmas.virginia.gov/#/medex>.

(See Page 8 for Attachment 1: MCO Network Contact Information)







Medicaid Expansion Eligibility Verification

Medicaid coverage for the new expansion adult group begins January 1, 2019. Providers may use the Virginia Medicaid Web Portal and the Medicall audio response systems to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia Medicaid Web Portal, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the “MED4” (Medallion 4.0) or “CCCP” (CCC Plus) managed care enrollment segment. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://providerportal.kepro.com
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0 Managed Care Program	http://www.dmas.virginia.gov/#/med4
CCC Plus Managed Care Program	http://www.dmas.virginia.gov/#/cccplus
PACE Program	http://www.dmas.virginia.gov/#/longtermprograms

Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627

Attachment 1

Medallion 4.0 and CCC Plus Health Plan Credentialing Contact Information		
Health Plan		Credentialing Contact
 Aetna Better Health® of Virginia	Aetna Better Health of Virginia	Medallion: 1-800-279-1878 (choose more options, provider services) CCC Plus: 1-855-652-2849 (choose more options, provider services) vacredentialing-aetna@AETNA.com
 Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc.	Anthem HealthKeepers Plus	Jamal Matthews, 1 804-354-2178 Jamal.matthews@anthem.com
	Magellan Complete Care of Virginia	Kenya C. Onley, 240-316-0516 KConley@magellanhealth.com
	Optima Health Family Care	Annie Beck, 877-865-9075, Option 4 OptimaContract@Sentara.com
	UnitedHealthcare	Medallion 4.0: 844-284-0146 CCC Plus: 877-843-4366 www.UHCProvider.com
	Virginia Premier Elite Plus	Medallion 4.0: 1-800-727-7536 CCC Plus: 1-877-719-7358 vphpnetdev@vapremier.com www.virginiapremier.com and select: Providers > Join Our Network